

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

28/855402

FILING DATE

12/13/97

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3							53						
4				1			54						
5			1				55						
6				1			56						
7							57						
8				1			58						
9				1			59						
10				1			60						
11	1		1				61						
12				1			62						
13				1			63						
14				1			64						
15				3			65						
16				3			66						
17				3			67						
18				3			68						
19				3			69						
20				3			70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						